

# **TWENTY SIXTH ANNUAL FLORIDA VA SCHOOL CONFERENCE**

**Monday July 8, 2002 thru  
Wednesday July 10, 2002**

**TRADEWINDS RESORT  
5500 GULF BLVD.  
ST. PETE BEACH, FL**

**For reservations complete and mail the attached  
TradeWinds form or call toll free no later than  
June 7, 2002:**

**1-800-808-9833**

## **RATES**

**Hotel Rooms: \$99/night**

**One BR Suites: \$139/night**

**Single or double occupancy  
(+ tax @ 11%)**

**(These rates will be available for two nights preceding and  
following the conference on a space available basis)**

**Registration Fee: \$75**

**(good for all three days) *This fee is non-refundable after June 30,  
2002.***

**DRESS: Business Casual**

**Please complete the pre-registration form attached to this  
bulletin so that we can print your individual name tag and  
better prepare classes for the conference. Registration fees may  
be paid in advance or at the door. Completion of the pre-  
registration form does NOT obligate you to attend.**



**TWENTY-SIXTH ANNUAL  
FLORIDA VA SCHOOL CONFERENCE  
JULY 8 - 10, 2002  
ADVANCE REGISTRATION**

Whether you wish to complete the registration process at this time or just make a non-binding indication that you might attend the Conference, please complete this form and return it to us in the business reply envelope provided.

Name	Title
School or Organization	
Address	
City - State - Zip	Telephone number

☐ I/we plan to attend the Twenty Sixth Annual Florida VA School Conference. Enclosed is our registration fee at \$75.00 per person (Checks or money orders only, payable to **"VA School Conference."** **NO CASH** please). *Registration fees are non-refundable after June 30, 2002.* Please prepare our name tags as shown below:

☐ I/we may wish to attend, but are unable to confirm our participation at this time. If we are later able to finalize our plans to attend the Conference, we understand that we may complete another advanced registration form or register at the start of the Conference.

Name (please print)	Name (please print)
Name (please print)	Name (please print)

***Please also complete the questionnaire on the reverse.***

**Guest Speakers:** We usually have at least one speaker each from our Central Office in Washington, DC, and from the Atlanta office. Please indicate on the reverse what topics you would like to see our guest speakers cover:

**VA Central Office speaker topics-** \_\_\_\_\_

**Atlanta RPO speaker topics -** \_\_\_\_\_

Please list any suggestions you have for other guest speakers - \_\_\_\_\_

What other topics would you like to see discussed at the ABC School and/or Main Session?

We are making use of your suggestions from last year's Conference, but would appreciate any other additional comments or suggestions you may have for this year's event.

My school is (check all that apply):

☐ An Institution of Higher Learning (College, University, etc.)

☐ A Non-College Degree school (Vocational, Technical, Business, Adult, etc.)

☐ A vocational Flight school (Pilot ratings and licenses)

☐ Other (specify): \_\_\_\_\_

**RETURN COMPLETED  
FORM TO:**

**VA REGIONAL OFFICE  
ATTN: EDU SVCS (272A)  
PO BOX 1437  
ST. PETERSBURG, FL  
33731**